

APPENDIX 16

NAME (Last, First)				Hospital Record No.	
Address (Street and No.)		City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab		Address			Phone

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Rubella Surveillance Worksheet

County			State		Zip		Country of Birth						
Birth Date Month Day Year			Age Unk = 999		Age Type ☐ 0 = 0-120 years 3 = 0- 28 days ☐ 1 = 0-11 months 9 = Age unknown ☐ 2 = 0-52 weeks		Ethnicity ☐ H = Hispanic ☐ N = Not Hispanic ☐ U = Unknown		Race ☐ N = Native Amer./Alaskan Native W = White ☐ A = Asian/Pacific Islander O = Other ☐ B = African American U = Unknown			Sex ☐ M = Male ☐ F = Female ☐ U = Unknown	
Event Date Month Day Year			Event Type ☐ 1 = Onset Date 4 = Reported to County ☐ 2 = Diagnosis Date 5 = Reported to State or ☐ 3 = Lab Test Date MMWR Report Date ☐ 9 = Unknown			Outbreak Associated Unk = 999		Reported Month Day Year		Imported ☐ 1 = Indigenous ☐ 2 = International ☐ 3 = Out of State ☐ 9 = Unknown		Report Status ☐ 1 = Confirmed ☐ 2 = Probable ☐ 3 = Suspect ☐ 9 = Unknown	

CLINICAL DATA	Any Rash? ☐ Y = Yes ☐ N = No ☐ U = Unknown	Rash Onset Month Day Year	Rash Duration 0 - 30 Days 99 = Unknown	COMPLICATIONS	Encephalitis? ☐ Y = Yes ☐ N = No ☐ U = Unknown	Arthralgia/Arthritis? ☐ Y = Yes ☐ N = No ☐ U = Unknown
	Fever? ☐ Y = Yes ☐ N = No ☐ U = Unknown	If Recorded, Highest Measured Temp. 36.0 Degrees 999.9 = Unknown	Thrombocytopenia? ☐ Y = Yes ☐ N = No ☐ U = Unknown		Death? ☐ Y = Yes ☐ N = No ☐ U = Unknown	Other Complications? ☐ Y = Yes ☐ N = No ☐ U = Unknown
Arthralgia/Arthritis? ☐ Y = Yes ☐ N = No ☐ U = Unknown	Lymphadenopathy? ☐ Y = Yes ☐ N = No ☐ U = Unknown	Conjunctivitis? ☐ Y = Yes ☐ N = No ☐ U = Unknown	Hospitalized? ☐ Y = Yes ☐ N = No ☐ U = Unknown	Days Hospitalized 0 - 998 999 - Unknown	If Yes, Please Specify:	

LABORATORY	Was Laboratory Testing For Rubella Done? ☐ Y = Yes ☐ N = No ☐ U = Unknown			VACCINE HISTORY	Vaccinated? (Received rubella-containing vaccine?) ☐ Y = Yes ☐ N = No ☐ U = Unknown							
	Date IgM Specimen Taken / / Month Day Year				Vaccination Date / / Month Day Year				Vaccine 	Vaccine Type 	Manuf. 	Lot Number
	Date IgG Acute Specimen Taken / / Month Day Year				Date IgG Convalescent Specimen Taken / / Month Day Year				Vaccine Type Codes A = MMR B = Rubella O = Other U = Unknown		Vaccine Manufacturer Codes M = Merck O = Other U = Unknown	
	Result ☐ P = Significant Rise in IgG ☐ N = No Significant Rise in IgG ☐ I = Indeterminate ☐ E = Pending ☐ X = Not Done ☐ U = Unknown				Other Lab Result ☐ P = Positive ☐ N = Negative ☐ I = Indeterminate ☐ X = Not Done ☐ E = Pending ☐ U = Unknown				Number of doses received ON or AFTER 1st birthday			
Specify Other Lab Method:			If Not Vaccinated, What Was The Reason?				1 = Religious Exemption 2 = Medical Contraindication 3 = Philosophical Objection 4 = Lab. Evidence of Previous Disease 5 = MD Diagnosis of Previous Disease 6 = Under Age For Vaccination 7 = Parental Refusal 8 = Other 9 = Unknown					

EPIDEMIOLOGIC	Date First Reported to a Health Department Month Day Year		Date Case Investigation Started Month Day Year		Outbreak Related? If Yes, Outbreak Name ☐ Y = Yes ☐ N = No ☐ U = Unknown	
	Transmission Setting (Where did patient acquire rubella?) ☐ 1 = Day Care 6 = Hospital Outpatient Clinic 11 = Military 2 = School 7 = Home 12 = Correctional Facility 3 = Doctor's Office 8 = Work 13 = Church 4 = Hospital Ward 9 = Unknown 14 = International Travel 5 = Hospital ER 10 = College 15 = Other				Source of Exposure For Current Case (Enter State ID if source was an in-state case; enter Country if source was out of U.S.; enter State if source was out-of-state)	
	If Other, Specify Transmission Setting: _____				Epi-Linked to Another Confirmed or Probable Case? ☐ Y = Yes ☐ N = No ☐ U = Unknown	
Were Age and Setting Verified? (Is age appropriate for setting) ☐ Y = Yes ☐ N = No ☐ U = Unknown						

 Indicates epidemiologically important items not yet on NETSS screen

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PREGNANT WOMEN	Was Patient Pregnant? ☐ Y = Yes ☐ N = No ☐ U = Unknown	Number of Weeks Gestation (or Trimester) at Onset of Illness	1st = First Trimester 2nd = Second Trimester 3rd = Trimester 1 = 1 Week 2 = 2 Weeks 3 = 3 Weeks Etc. – continue up to 45 weeks	
	Prior Evidence of Serological Immunity? ☐ Y = Yes ☐ N = No ☐ U = Unknown	Year of Test 	OR	Age of Patient at Time of Test 0 -50 99 - Unknown
	Was Previous Rubella Serologically Confirmed? ☐ Y = Yes ☐ N = No ☐ U = Unknown	Year of Disease 	OR	Age of Patient at Time of Disease 0 -50 99 - Unknown

The information below is epidemiologically important but not included on NETSS screens

Exposure Period	Period of Communicability
21 Days Month Day Year 14 Days Month Day Year	7 Days Month Day Year Rash Onset Month Day Year 7 Days Month Day Year

Contacts of patient during infectious period (7 days before to 7 days after rash onset) who are in 1st 5 months of pregnancy

Name	Address/Phone	Documented Prior Rubella Immunization?	If Yes, Date	Documented Rubella Seropositivity Before Or Within 7 Days After First Exposed	If No or Unknown, Action Taken – Rubella Serology, etc.
_____	_____	☐ Y = Yes ☐ N = No ☐ U = Unknown	Month Day Year	☐ Y = Yes ☐ N = No ☐ U = Unknown	_____
_____	_____	☐ Y = Yes ☐ N = No ☐ U = Unknown	Month Day Year	☐ Y = Yes ☐ N = No ☐ U = Unknown	_____
_____	_____	☐ Y = Yes ☐ N = No ☐ U = Unknown	Month Day Year	☐ Y = Yes ☐ N = No ☐ U = Unknown	_____

Group contacts of patient during infectious period (7 days before to 7 days after rash onset), i.e., households, child care center, school, college, workplace, jail/prison, physician's office/clinic/hospital/emergency room, etc.

Name of Group/Site	Address/Phone	Notes
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clinical Case Definition:

An illness that has all of the following characteristics: acute onset of generalized maculopapular rash, temperature > 99° F (> 37° C), if measured, and arthralgia/arthritis, lymphadenopathy, or conjunctivitis.

Case Classification:

Suspected: any generalized rash illness of acute onset

Probable: a case that meets the clinical case definition, has no or noncontributory serologic or virologic testing, and is not epidemiologically linked to a laboratory-confirmed case

Confirmed: a case that is laboratory confirmed or that meets the clinical case definition and is epidemiologically linked to a laboratory-confirmed case